

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND | | | |
|--|--|--|------------------|
| 1 Date of Request: <u>5/9/05</u> | | 2 Serial/Patent # <u>10/684,758</u> | |
| 3 Please refund the following fee(s): | | 4 PAPER NUMBER | 5 DATE FILED |
| <input type="checkbox"/> Filing | | | \$ |
| <input type="checkbox"/> Amendment | | | \$ |
| <input type="checkbox"/> Extension of Time | | | \$ |
| <input type="checkbox"/> Notice of Appeal/Appeal | | | \$ |
| <input checked="" type="checkbox"/> Petition | | <u>2/2/04</u> | \$ <u>30.00</u> |
| <input type="checkbox"/> Issue | | | \$ |
| <input type="checkbox"/> Cert of Correction/Terminal Disc. | | | \$ |
| <input type="checkbox"/> Maintenance | | | \$ |
| <input type="checkbox"/> Assignment | | | \$ |
| <input type="checkbox"/> Other | | | \$ |
| | | 7 TOTAL AMOUNT OF REFUND | \$ <u>130.00</u> |
| | | 8 TO BE REFUNDED BY: | |
| <input checked="" type="checkbox"/> Overpayment | | Treasury Check | |
| <input type="checkbox"/> Duplicate Payment | | Credit Deposit A/C #: | |
| <input checked="" type="checkbox"/> No Fee Due (Explanation): <u>Office Error</u> | | 9 <input type="text"/> -- <input type="text"/> <input type="text"/> <input type="text"/> | |
| 10 REASON: | | | |
| 11 REFUND REQUESTED BY: | | | |
| TYPED/PRINTED NAME: <u>Kenya McLaughlin</u> | | TITLE: <u>Petitions Atty.</u> | |
| SIGNATURE: <u>Kenya A. McLaughlin</u> | | PHONE: <u>571-272-3222</u> | |
| OFFICE: <u>Petitions</u> | | | |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY ***** | | | |
| APPROVED: <u>Alicia Kile</u> | | DATE: <u>3/10/05</u> | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B